<u>Moderate Needs – Complete Package Checklist</u>

Client Name: _____

Case Manager Name: _____   **Phone #:** _____

New Application

Items to be included:

- ☐ Completed Application to include the following…
    - ☐ Application signature
    - ☐ ICD-9 Code
    - ☐ Check box for services requested
    - ☐ List name of Provider for services being requested
    - ☐ Case Management Agency checked
- ☐ Signed Clinical Eligibility form
- ☐ Signed Financial Eligibility form
- ☐ Completed Independent Living Assessment (ILA) – 9 page ILA only

Reassessment

Items to be included:

- ☐ Completed Reassessment to include the following…
    - ☐ ICD-9 Code
    - ☐ Check box for services requested
    - ☐ Requested Start Date for services requested
    - ☐ List name of Provider for services being requested
- ☐ Signed Clinical Eligibility form
- ☐ Signed Financial Eligibility form
- ☐ Completed Independent Living Assessment (ILA) – 9 page ILA only